



ATTORNEY GENERAL OF ARKANSAS
Dustin McDaniel

TOBACCO PRODUCTS MANUFACTURER CERTIFICATION FORM:
2007

☐ Initial Certification
☐ Annual Certification

☐ Quarterly Certification
☐ Supplemental Certification

Part 1: Tobacco Product Manufacturer Identification

Company:
Address:
Address:
Telephone:
Fax:
Webpage:
Email:
Name/Title of Person Completing Form:

If the Manufacturer is represented by counsel for the purpose of compliance with Act 1165 of 1999 and Act 1073 of 2003, please provide the following information:

Counsel's Name:
Firm:
Address:
Address:
Telephone:
Fax:
Email:

Part 2: Designation of Tobacco Product Manufacturer

As of the date of this Certification, the Tobacco Product Manufacturer identified above is a:
(Initial One)

	Participating Manufacturer under the Tobacco Master Settlement Agreement that is generally performing its financial obligations as required by ARK. CODE ANN. §§ 26-57-260 and 26-57-261; or
	Tobacco Product Manufacturer in full compliance with ARK. CODE ANN. §§ 26-57-260 and 26-57-261, including all quarterly payments that may be required by ARK CODE ANN. §§ 26-57-1301, <i>et seq.</i>

Part 3: Sales Period

- ☐ January 1, 2006 to December 31, 2006 ☐ Third Quarter, 2007
☐ First Quarter, 2007 ☐ Fourth Quarter, 2007
☐ Second Quarter, 2007

Part 4: Brand Family Identification

→ PMs must complete column 1. NPMs must complete columns 1 and 2.

1.Brand Family:	2. Units Sold during Sales Period:
Total Number of Units Sold:	

→ By including a brand family in this Certification Form, a Participating Manufacturer affirms that the brand family is deemed to be its cigarettes for purposes of calculating its payments under the Master Settlement Agreement. By including a brand family in this Certification Form, a Non-Participating Manufacturer affirms that the brand family is deemed to be its cigarettes for purposes of escrow. Despite this, the Office of the Arkansas Attorney General retains the discretion to determine that the listed brand family is the product of another tobacco product manufacturer.

Part 5: Business and Ownership Information

→ Part 5 of this Certification Form is not required for Quarterly Certifications; it is, however, required for Initial, Annual, or Supplemental Certifications.

A. PARTICIPATING AND NON-PARTICIPATING MANUFACTURERS

Does the company submitting this certification itself fabricate each of the brand families identified in Part 4 of this Certification Form?

☐ Yes

☐ No

If your answer to the preceding question was “no,” please explain the basis for the company’s submission of this Certification Form.

Explanation:

Provide the physical address, telephone number, facsimile number, and the name of the facility manager for each of the company’s manufacturing facilities.

Address:
Address:
Telephone:
Fax:
Facility Manager:

Address:
Address:
Telephone:
Fax:
Facility Manager:

Provide a photograph or diagram of the interior of each of the manufacturing facilities identified herein, specifically indicating on the photograph or diagram where the manufacturing equipment used in the fabrication of cigarettes is located.

Provide a photograph of the exterior of each of the manufacturing facilities identified herein.

For each brand family identified in Part 4 of this Certification Form, specifically identify the facility at which the brand family is manufactured.

Brand Family:	Facility:

Provide proof of ownership, possession, and control of each of the manufacturing facilities identified herein.

Provide proof of ownership, possession, and control of the manufacturing equipment used by the company in the fabrication of cigarettes at each of the manufacturing facilities identified herein.

For each piece of manufacturing equipment the company uses in the fabrication of cigarettes, please identify the type or name of the equipment, the manufacturer of such equipment, and the Serial Number for such equipment.

Type/Name of Equipment:	Manufacturer of Equipment:	Serial Number:

Do other companies have access to or utilize any of the manufacturing facilities or manufacturing equipment identified herein?

☐ Yes

☐ No

If your answer to the preceding question was "yes," please explain.

Explanation:

Provide the company's permit number, as issued by the United States Department of Treasury, Tobacco Tax Bureau.

Permit Number:

For each Brand Family identified in Part 4 of this Certification Form, provide a copy of the Certificate of Compliance issued by the Department of Health and Human Services, Centers for Disease Control and Prevention, and the Office on Smoking Health with respect to the ingredient list submission pursuant to 15 U.S.C. § 1335a.

For each Brand Family identified in Part 4 of this Certification Form, provide a copy of the complete warning rotation plan submitted to the Federal Trade Commission ("FTC") pursuant to 15 U.S.C. § 1333 and a copy of the approval letter from the FTC for each brand family.

For each Brand Family identified in Part 4 of this Certification Form, provide a copy of the packaging or labeling.

Identify each Licensed Tobacco Wholesaler, Distributor, or Stamping Agent to whom cigarettes were sold for purposes of distribution in the State of Arkansas during the relevant Sales Period.

Wholesaler:	Address:	Telephone Number:

Does the company advertise or sell cigarettes via the internet or in catalogs or other print media for purposes of selling such cigarettes to individual consumers, including consumers in the State of Arkansas?

☐ Yes

☐ No

If your answer to the preceding question was "yes," please explain.

Explanation:

B. NON-PARTICIPATING MANUFACTURERS ONLY

Provide the name, address, and telephone number of all directors, members, officers, or owners of the company. For the purpose of this section, an "owner" is a person or entity with an equity interest of ten percent or more.

Interested Party:	Address:	Telephone Number:

Are any of the individuals or entities identified in the preceding question also directors, members, officers, owners of other PMs or NPMs?

☐ Yes

☐ No

If your answer to the preceding questions was "yes," please explain.

Explanation:

For each wholesaler, distributor, or stamping agent identified in the preceding questions, state the number of units shipped, by brand family, to that entity during the relevant Sales Period. For purposes of this section, "units" are the actual number of cigarettes shipped, *e.g.*, one package equals 20 cigarettes and one carton equals 200 cigarettes. To the extent that the wholesaler, distributor, or stamping agent returned any units during the relevant Sales Period, these units should be deducted from the total number of units shipped, by brand family.

Wholesaler:	Brand Family:	Units Shipped:

Please state the number of cigarettes sold via the internet or by catalog in the State of Arkansas during the relevant Sales Period.

Total Sales via Internet, Catalog, or other Print Media:

Was the total number of cigarettes sold via the internet or by catalog in the State of Arkansas during the relevant Sales Period included in the Total Number of Units Sold in Part 4 of this Certification Form?

☐ Yes

☐ No

Did the company submit a report to the Arkansas Department of Finance & Administration concerning its internet, catalog, or other print media sales into the State of Arkansas, as required by the Jenkins Act, 15 U.S.C. §§ 375, *et seq.*

☐ Yes

☐ No

If your answer to the preceding question was "no," please explain.

Explanation:

List all tobacco products sold by the company that have been reclassified within the last two years as cigarettes or as RYO tobacco by a federal, state, or local government entity.

Brand Name of Reclassified Tobacco Product:	Name of Federal, State, or Local Governmental Entity that Reclassified the Tobacco Product:	Date of Reclassification:

Part 6: Non-Participating Manufacturer Certification

A. REGISTERED AGENT FOR SERVICE OF PROCESS

Agent's Name:
Company:
Address:
Address:
Telephone:
Fax:
Email:

→ A statement from the Registered Agent noting his or her service in this capacity must be included with this Certification Form. Pursuant to Arkansas law, this Registered Agent must reside in the State of Arkansas.

B. QUALIFIED ESCROW FUND

Name of Institution:
Address:
Address:
Representative Name:
Telephone:
Fax:
Email:
Escrow Account Number:
Arkansas Account/Sub-Account Number:
Date of Execution of Governing Escrow Agreement:

→ A copy of the current governing Escrow Agreement and any Amendments thereto must be included with this Certification Form.

C. TOTAL AMOUNT HELD IN ESCROW

Total amount placed in escrow for the State of Arkansas for Sales Period:

Total number of Units Sold in Arkansas during Sales Period: _____

Statutory rate per cigarette (\$0.0167539), as adjusted for inflation: \$ **0.0214421**

The total amount deposited into the Qualified Escrow for Sales Period:

\$ _____
(Multiply the number of Units Sold by the statutory rate per cigarette, as adjusted for inflation.)

→ An account statement or letter from the escrow agent must be included with this Certification Form. This account statement or letter must indicate: (1) the amount deposited, as indicated above and (2) the date of deposit.

→ The inflation adjustment used herein may not be accurate for Quarterly Certifications; the total amount to be deposited into the Qualified Escrow may need to be recalculated at the time of the Annual Certification.

Total amount held in escrow for the State of Arkansas for all sales years:

Total amount held in the Qualified Escrow for *all* years:

\$ _____

Deposit and Withdrawal History:

Date:	Deposit Amount:	Withdrawal Amount:	Balance:
	Total:	Total:	Total:

→ An account statement from the escrow agent must be included with this Certification Form, indicating the complete account history for the account/sub-account for the State of Arkansas for all sale years, including all deposits, withdrawals, interest earned, and a current account balance.

To the extent that the total amount held in escrow for all years differs from the escrow balance indicated in the deposit and withdrawal history, please explain.

Explanation:

Part 7: Signature

Under penalty of perjury, I state that the information contain in this Certification Form is true and correct.

Authorized Designee:	Title:
Signature of Designee:	Date:

Part 8: Notary

Subscribed and sworn before me on this date:
Signature of Notary Public:
City or County of:
My Commission expires:

Part 9: Mail the completed Certification Form, with all attachments, to:

Eric B. Estes
Office of the Arkansas Attorney General
323 Center Street, Suite 200
Little Rock, Arkansas 72201

→ *Annual Certification Forms, including all attachments, must be received by the Office of the Arkansas Attorney General on or before **April 30, 2007**. Quarterly Certification Forms, including all attachments, must be received by the Office of the Arkansas Attorney General within **20 days** after the end of the quarter in which the sales were made.*

→ *Certification Forms will be returned and left unprocessed unless all fields are completed and all required attachments have been received.*

→ *If you have any questions regarding the completion of this Certification Form, please contact Eric B. Estes, Assistant Attorney General, at (501) 682-8090.*